

RARE TUMOUR OF THE ORBIT.^a

THE small tumour which I have to describe was removed from the left orbit of a healthy young girl, who presented herself some weeks ago at St. Mark's Ophthalmic Hospital, with the following history. She had always been healthy, and had never suffered from any inflammation or painful affection of the eyes or orbits, but all her life—that is to say, as long as her memory carried her back—she had noticed a small lump situated underneath her left lower eyelid towards the nasal side of the lid. This little lump became more prominent at certain times, and slightly discoloured, the discolouration being of a bluish hue, and the increase of size and change of colour being specially noticeable when she laughed or cried, or after stooping or taking violent exercise. Upon such occasions it sometimes became painful as well as prominent and discoloured. These changes bore no relation to the periods of the menstrual flow, and they were observed at an age when menstruation had not appeared at all. The girl was twenty years old when she consulted me; the little tumour had only been a cause of actual trouble and anxiety for a few months previously.

On inspection, a small patch of a bluish hue could be observed below the margin of the left lower lid towards the nasal side. When the girl looked upwards this patch became more prominent, but it was at all times slightly raised above the level of the surrounding skin; when she stooped down for a few moments the swelling very considerably increased, and the bluish hue became more intense. On palpation with the finger, a hard body, about the size of a small pea, could be felt beneath the discoloured skin. This little tumour felt stony hard, and was freely movable in all directions in the orbital cavity. It could even be drawn forwards and made to project over the bony edge of the orbit upon the

^a Read in the Pathological Section, May 2, 1884.

(3)

cheek, but I was not able to make it project through the fornix conjunctiva beneath the eyeball. There was no evidence of anything really serious or dangerous about the tumour, but the patient being anxious to have it removed, and I being anxious to see what it was, I proceeded some days later to extract it through a small incision in the skin at the border of the orbit. No difficulty was experienced in its removal, but there was a somewhat unaccountable and unexpected quantity of venous hæmorrhage. On dividing the skin and subjacent fascia, I easily made the tumour project through the opening, but it was enclosed in a firm though thin capsule, which had to be divided before it could be removed. On dividing this capsule the tumour popped out on the cheek, as an orange pippin does when squeezed between the finger and thumb of a school-boy. There was no pedicle whatsoever, nor any connexion which I could discover with any of the neighbouring tissues. The bleeding was staunched, and the wound healed by so-called first intention; but so far as the patient's comfort is concerned, I cannot state that the operation has proved a success. When she stoops the swelling of that portion of the soft parts in the orbit occurs to as great an extent as before; and there is also to be seen a swelling of the upper portion of the orbit which I did not observe before the operation, although it is possible that it existed. Only in one respect can she be said to be better—namely, that the bluish colour of the skin has disappeared.

The tumour was nearly spherical, measuring in its longer diameter about 1 cm., and in the shorter one about 7 mm. At one extremity of the longer diameter a smaller spherical tumour, about 2 mm. in diameter, was firmly attached to the primary one. The whole mass was bony hard, and could not be cut with a scalpel. My friend, Mr. Arthur Baker, kindly made a section of it with a fine saw, and we found that it was solid throughout, and formed of a series of irregularly concentric lamellæ of different shades of grey and white matter, the whiter layers being apparently more dense and firm than the grey. The peripheral layer resembled bone in external appearance, and passed without interruption between the tumour proper and the little excrescence on its surface.

This smaller tumour was surrounded also by a similar hard, whitish layer.

The microscopical examination of a section rubbed down upon a hone does not, however, countenance the view that the outer wall is a bony formation, for all that can be seen in the preparations I have made is a series of different layers of what is apparently fibrous tissue and calcified matter of uncertain nature. In some layers there are appearances resembling cellular conglomerations, but there is certainly nowhere anything that can be taken for either bone or cartilage.

The tumour which I have described is certainly an extremely rare one in the situation from which it was removed. In the literature at my disposal I have been able to discover a record of only one case at all resembling my own, and in this the description is not in all respects very satisfactory. The case is quoted in Berlin's admirable article upon diseases of the orbit in the *Handbook of Græfe and Sæmisch*. The tumour was removed by Fano, who described it as an osteo-fibro-cartilaginous growth. It was considered to have been present since the earliest childhood of the girl from whose orbit it was removed, and had grown slowly in size till she reached the age of twenty-three, when it was about as large as a small nut. It lay in the orbit towards the inner canthus underneath the lower lid, was extremely hard to the touch, and was freely movable in all directions. After the superjacent soft parts were divided it came forwards and fell out upon the cheek of its own accord. Berlin gives Fano's description of its pathology in the original French. "The tumour was surrounded by a cellular membrane which separated from it easily. Divested of this capsule the tumour was whitish in colour, and so hard that it could not be divided by the blade of a strong scalpel. An antero-posterior section presented a series of lamellæ enclosed one within the other, the periphery being formed by a greyish white band resembling fibro-cartilage, which appeared on microscopical examination to consist of an amorphous substance, a number of fibres crossing each other in different directions, and cartilage cells."

Berlin's criticism upon this description is to the effect that it is

too defective to afford us a clear idea of an orbital enchondroma, in which category he seems inclined to place the tumour, except for the fact that no evidence is obtainable of the existence of such tumours except this very remarkable case of Fano's. Now, without wishing to doubt the accuracy of Fano's microscopical observation, I cannot but believe that the tumour described by him is identical in origin and pathology with that described and exhibited by myself. The presence of cartilage cells in his tumour is the only real point of difference, for though he calls the tumour an osteo-fibro-cartilaginous growth, he says nothing in the pathological description of the existence of any bony tissue in the new growth. The preparations I have made are not very excellent, but if any tissue resembling cartilage had existed in the tumour it could not fail to be demonstrated in these preparations. The absence of cartilage cells in the tumour I have exhibited makes me suspect that Fano too hastily assumed that cellular conglomerations were true cartilage cells. This, in my tumour, they certainly are not.

It has been suggested to me that the tumour may possibly be of the nature of a phlebolith, and I must confess that this is the only theory as to its nature which seems to me probable. In microscopical appearances it does not differ from such bodies, and the bluish discolouration of the skin, the marked venous hæmorrhage during the operation, and the occurrence of swelling in the orbital soft parts when the patient does anything likely to increase the pressure in the orbital veins, all point strongly to the existence of some vascular anomaly in this situation.

